



HOWARD COUNTY DEPARTMENT OF POLICE

RESILIENCY ADVENTURE PROJECT ACTIVITY WAIVER AND AUTHORIZATION

The undersigned, being the parent or legal guardian of _____,
do hereby grant my permission for my child to attend and participate in the Resiliency Adventure
Project sponsored by the Howard County Department of Police.

In consideration of my child's participation in the Resiliency Adventure Project (RAP) of the Howard
County Department of Police, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO
SUE Howard County, Maryland, ("County"), a body corporate and politic, County Departments
(including the Howard County Department of Police), agencies, boards, commissions, employees
(including its police officers), officials and volunteers from any and all liability, claims, demands, actions
and causes of action whatsoever arising out of or related to any loss, damage, or injury sustained by
my child while under supervision of program personnel.

This release of liability and agreement given by me to Howard County, Maryland, its employees and
agents, shall apply to any right of action that might accrue to me, my heirs and my personal
representatives. Further, I agree to assume all risks of loss, property damage, or personal injury
associated with the Resiliency Adventure Project of the Howard County Department of Police.

I consent to have my child photographed during this activity and give permission for all photographs,
tape, or film taken to be used by Howard County, Maryland for publicity purposes. This same
permission applies to representatives of the media for any photographs, tape or film footage of my
child.

I hereby authorize Howard County Maryland, including the Department of Police to act in my behalf
should my child require medical attention during this activity. I hereby authorize any hospital, medical
treatment facility, or physician to render whatever examinations or treatment for my child that is
deemed necessary by a hospital, medical treatment facility, or physician. I understand that Howard
County, Maryland will not be responsible for any medical costs associated with any injury my child may
sustain. I further agree that I will make every attempt to keep my child and Howard County, Maryland
(specifically the Howard County Department of Police) informed of my whereabouts during the event so
that I may be contacted by a hospital, medical treatment facility, or physician should emergency
treatment be required.

In the event that I cannot be contacted, the below-mentioned individual may act in my behalf:

Parent/Guardian signature

Date

Parent/Guardian Cell Phone

Parent/Guardian Home Phone

Secondary Emergency Contact Name

Emergency Contact Phone Number